



Child's Name: \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Check (  ) the activity or activities you do with your child. Circle (  ) the total time for each day.

Date	Read a Book	Name Writing	Letters	Numbers	Colors	Shapes	Calendar Activity	Other (list your activity below)	Total Time
1									15 30 45 60 minutes
2									15 30 45 60 minutes
3									15 30 45 60 minutes
4									15 30 45 60 minutes
5									15 30 45 60 minutes
6									15 30 45 60 minutes
7									15 30 45 60 minutes
8									15 30 45 60 minutes
9									15 30 45 60 minutes
10									15 30 45 60 minutes
11									15 30 45 60 minutes
12									15 30 45 60 minutes
13									15 30 45 60 minutes
14									15 30 45 60 minutes
15									15 30 45 60 minutes
16									15 30 45 60 minutes
17									15 30 45 60 minutes
18									15 30 45 60 minutes
19									15 30 45 60 minutes
20									15 30 45 60 minutes
21									15 30 45 60 minutes
22									15 30 45 60 minutes
23									15 30 45 60 minutes
24									15 30 45 60 minutes
25									15 30 45 60 minutes
26									15 30 45 60 minutes
27									15 30 45 60 minutes
28									15 30 45 60 minutes
29									15 30 45 60 minutes
30									15 30 45 60 minutes
31									15 30 45 60 minutes

Total Time Spent This Month \_\_\_\_\_

Teacher Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

**Office Use Only: Managers' Assistant Signature \_\_\_\_\_ Total In Kind \_\_\_\_\_**